SASA SOUTH AFRICAN SOCIETY OF ANAESTHESIOLOGISTS SASA COVID-19 UPDATE

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SASA Position statement on the movement of anaesthesia practitioners between hospital/facility sites during the COVID-19 Pandemic

SASA recognises that South African Anaesthesia practice may vary from the rest of the world with respect to the movement of anaesthetists between hospitals. Whereas many countries employ anaesthetists at a single hospital, in South Africa it is routine for an anaesthetist to move between hospitals to do theatre lists.

The SARS-CoV2 virus is transmitted by droplet and aerosol spread. However, the virus is viable on surfaces for periods that vary depending on the nature of the surface. There is concern that healthcare workers may be inadvertent vectors for the spread of the virus, both by direct transmission and by fomite spread.

Given the unique nature of practice in South Africa, there are currently no published international guidelines which speak to this risk. Consequently, SASA provides these guidelines to assist with rational decision making in this regard.

RISK OF HEALTHCARE WORKER INFECTION

During routine healthcare provision there is risk of transmission of SARS-CoV2 both from patient to healthcare worker and from healthcare worker to patient. Anaesthetists are at increased risk of contracting the virus due to their close proximity to the airway and the creation of aerosols during routine anaesthesia procedures including tracheal intubation and extubation.

This risk is mitigated by the correct use of personal protection equipment (PPE) as described in the SASA guidelines on PPE.

HEALTHCARE WORKERS AS VECTORS

In previous coronavirus outbreaks (SARS, MERS) healthcare workers have been thought to be responsible for some of the transmission, particularly within institutions. This has not been specifically explored in the current pandemic, but it would be reasonable to assume that this risk exists.

It should also be noted that unlike the scenario of a resistant bacterial outbreak in an ICU, the infectious agent in this case is common to the entire population and thus guidelines to limit spread of pan-resistant organisms cannot necessarily be applied in this pandemic.

With this taken into account, it is important to consider the following:

1. Travel between facilities is not unique to the private sector and takes place in the public sector for on call teams as well as within facilities.
2. Human resource ratios to population are significantly reduced in South Africa when compared to other OECD BRICS countries.
3. The assumption of limitation of spread by keeping healthcare workers in one facility would imply far lower incidence in facilities globally that employ workforce which has not been evident.
4. Spread to other facilities has not been demonstrated to occur by healthcare workers.
5. It is likely that training, attention to good PPE and hygiene practices and effective screening and support of healthcare workers is a far superior intervention to maintain workforce, sustain morale and support those on the front line.

RECOMMENDATIONS TO PREVENT HEALTHCARE WORKERS BECOMING VECTORS

Healthcare workers should remain aware of their increased risk of contracting the SARS-CoV2 virus, and should take extra precautions when leaving a ward, section, building or facility, either to move to another facility or to travel to their place of residence.

- Pragmatic limitation of movement
    - Where feasible, group practices or anaesthesia departments should consider cohorting practitioners at different facilities to divide the workload while limiting movement between locations.
- Minimise fomites
    - Healthcare workers should avoid fomite spread by minimising carriage of personal possessions (wallets, pens, cell phone cases).
    - All personal items should be kept in Ziploc bags which are disinfected repeatedly during the day and especially prior to leaving or entering a facility.
    - Clothing should be changed before patient contact on arrival and then prior to leaving the facility.
- Personal hygiene
    - Hand hygiene should be meticulously performed according to the WHO 5 moments of hand hygiene as well as on arrival and prior to leaving a facility.
    - Healthcare workers are strongly advised to shower and wash their hair prior to leaving the facility.
- Personal protective equipment (PPE)
    - Meticulous correct use of the appropriate PPE has been shown to decrease the risk of healthcare worker infection. It also minimises the chance of fomite carriage of viral particles.
    - Ensure that no PPE is reused between facilities, unless in the case of visors and goggles or where equipment may be approved as reusable, and then these must be appropriately disinfected prior to leaving the facility.

- Training per facility
    - It is highly recommended that facilities establish training registers for all healthcare workers that work in their facilities to ensure correct cohorting policies, donning and doffing procedures, airway management protocols, conduct around aerosol generating procedures and screening of patients are understood and followed by all healthcare workers participating in patient care. This will serve to minimise risk to staff and patients within the facility.
- Screening
    - Routine screening of all persons entering a facility, including healthcare workers ensures increased awareness and limitation of risk of inadvertent transmission, as well as the adoption of a public use mask policy in all facilities by all persons.
- Self-Isolation
    - If exposure to SARS-CoV2 has occurred without adequate PPE then NICD guidelines for healthcare workers should be followed with self-isolation where appropriate until they are confirmed to be free of the viral infection.
- Self-Quarantine
    - If a healthcare worker tests positive for the SARS-CoV2 virus then self-quarantine should be undertaken.

IT IS IRRESPONSIBLE AND POTENTIALLY CRIMINALLY NEGLIGENT TO CONTINUE WORKING IF KNOWN TO BE INFECTED OR HIGH RISK EXPOSURE IS SUSPECTED. PLEASE REFER TO THE NICD GUIDE TO MANAGEMENT OF STAFF IN HEALTHCARE AND LABORATORY SETTINGS WITH COVID-19 ILLNESS AND EXPOSURE

MEASURES

Given that community transmission is known to be occurring in our context, SASA recommends that all anaesthesia practitioners wear face masks at all times in public spaces and in particular while at hospitals and engaged in patient care (unless patient diagnosis and circumstance requires elevated levels of PPE) to protect patients and ourselves against community transmission of SARS-CoV2. Healthcare workers must not reuse their N95 mask when in public and should follow national guidelines on the usage of cloth or surgical masks in public spaces.

Practitioners should be cognisant of patient populations at increased risk including immunosuppressed (post-transplant, oncology) and elderly patients, and should take extra precautions to protect these groups.

This guidance is pragmatic - at this time, given the lack of research and evidence, SASA can neither condone nor prohibit the movement of anaesthesia practitioners between facilities. Within a resource constrained environment SASA urges careful consideration of the risks and benefits of any practitioner or facility decisions.

SASA recommends that appropriate education and training and screening of healthcare workers is a far more beneficial intervention in preventing intra or inter facility spread of SARS-CoV2 rather than limiting movement of healthcare workers between facilities in a human resource constrained environment. Limitation of inclusion of healthcare workers in high risk (aerosol generating procedures) environments or procedures may be appropriate and is facility and staff dependent.

This guideline will be updated should any further evidence be presented.

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